MCDB Encounter File Processing
January 2007 - April 2008 Data

P850: Union Labor Life Insurance Co.
Based on Data After Final Encounter Processing (2006 - 2007)
Data Completeness Summary Report

Eligible Services: 40,400   **Source File:** P850_enc5_dc_crunch.sas7bdat
Services Submitted: 40,400   **File Date:** December 5, 2008

Delivery System	Number of Recipients[1]			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
1: HMO (Non-Medicaid, Includes Medicare)									
2: PPO-POS									
3: PPO or Other Managed Care	3,649	2,549	-30.1	93,894	40,400	-57.0	9,059,054	4,453,523	-50.8
4: Indemnity Care									
5: HMO-POS Rider									
6: EPO									
9: Payer Code=9 (Unknown and Missing)									
Total	**3,649**	**2,549**	**-30.1**	**93,894**	**40,400**	**-57.0**	**9,059,054**	**4,453,523**	**-50.8**

Plan[2]	Number of Recipients[1]			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
Non-HMO	3,104	2,133	-31.3	74,100	32,648	-55.9	7,923,015	3,853,370	-51.4
HMO Fee for Service									
HMO Capitated									
Medicare, All Types									
No Plan Assigned	545	416	-23.7	19,794	7,752	-60.8	1,136,039	600,153	-47.2
Total	**3,649**	**2,549**	**-30.1**	**93,894**	**40,400**	**-57.0**	**9,059,054**	**4,453,523**	**-50.8**

Coverage Type	Number of Recipients[1]			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
1: Medicare Supplemental									
2: Individual Plan									
3: Private Employer Sponsored Fully Self-Ins									
4: Private Employer Sponsored Insured									
5: Public Employee									
6: Comprehensive Standard Health Benefit Plan									
7: Medicare Provided by a Medicare HMO/CMS									
8: Taft Hartley Jointly Managed Trust Fund	3,649	2,549	-30.1	93,894	40,400	-57.0	9,059,054	4,453,523	-50.8
9: Payer Code-9 (Unknown Coverage Type)									
Missing or Invalid Code									
Total	**3,649**	**2,549**	**-30.1**	**93,894**	**40,400**	**-57.0**	**9,059,054**	**4,453,523**	**-50.8**

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NOTES:

[1] Total number of recipients will be less than the sum of individual category recipient counts if some recipients receive services in more than one category.
  Key to identify a unique recipient: Patient ID + Birth Year + Birth Month + Gender.

[2] Rules for categorizing services into a PLAN:

  Non-HMO
    1. Payer is not an HMO provider and Coverage Type (COVTYPE) is non-Medicare (2-6) or Taft-Hartley (COVTYPE = 8).
       a. Coverage Type (COVTYPE) is non-Medicare (2-6)
       b. Coverage Type (COVTYPE) is Taft-Hartley (8).
    2. Payer is an HMO provider:
       a. Delivery System (DELVTYP) is non-HMO (2-4).
       b. Coverage Type (COVTYPE) is non-Medicare (2-6)

  HMO Fee for Service:
    1. Payer is an HMO provider.
    2. Coverage Type (COVTYPE) is non-Medicare (2-6).
    3. Delivery System (DELVTYP) is HMO (1 or 5).
    4. Service is not capitated (BILLTYPE = 1).

  HMO Capitated:
    1. Payer is an HMO provider.
    2. Coverage Type (COVTYPE) is non-Medicare (2-6).
    3. Delivery System (DELVTYP) is HMO (1 or 5).
    4. Service is capitated (BILLTYPE = 8).

  Medicare, All Types
    1, All services with Coverage Type 1 or 7.